MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10685187 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		(1)				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		1				
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TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						